

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Geraldine S. Roberts, Esquire		2. PHONE NUMBER (304) 626-1138		3. DATE 4/17/2013	
4. MAILING ADDRESS P. O. Drawer 2040		5. CITY Clarksburg		6. STATE WV	7. ZIP CODE 26302
8. CASE NUMBER 1:09-CV-87	9. JUDGE Hon. Irene M. Keeley	DATES OF PROCEEDINGS			
		10. FROM 4/5/2013		11. TO 4/5/2013	
12. CASE NAME Dey, Inc., et al. v. Teva Parenteral Medicines, Inc., et al.		LOCATION OF PROCEEDINGS			
		13. CITY Clarksburg		14. STATE WV	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input checked="" type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Entire proceeding	
<input type="checkbox"/> BAIL HEARING				04/05/2013	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	15	\$13.50
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	\$13.50
18. SIGNATURE /s/ Geraldine S. Roberts			PROCESSED BY LLB		
19. DATE 4/17/2013			PHONE NUMBER 304-282-0395		
TRANSCRIPT TO BE PREPARED BY Linda Bachman			COURT ADDRESS P.O. Box 969 Clarksburg, WV 26302-0969		
ORDER RECEIVED	DATE 04/16/13	BY LLB			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	04/16/13		TOTAL CHARGES \$13.50		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT	04/17/13		TOTAL DUE \$13.50		

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